

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/937060</u>	FILING DATE <u>15 APR 2002</u>							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1		/					51							
2		/					52							
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47							97							
48							98							
49							99							
50							100							
TOTAL IND.			/				TOTAL IND.							
TOTAL DEP.			75				TOTAL DEP.							
TOTAL CLAIMS			75				TOTAL CLAIMS							